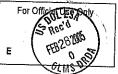
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 5817

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 05 Through: 12 / 31 / 05

3 Name and add-	
3. Name and address of person filling.	4. Name, file number, and address of labor organization.
Name Cliffold R Flesher	Name Teamsters Local # 537
	Labor Organization File Number 0/2 638
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 513 Stafford CV	Street 3245 Elist 5+
City Castle Rock	city Denuce
State Co ZIP Code + 4 80/0 4	State Co ZIP Code + 4 802//
5. Position in labor organization. Local Tlustce	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or o monetary value from an employer whose employees your organization	erived income or other economic benefit of represents or is actively seeking to represent
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name KROSEY Co	Hold 600 Shakes of Kloser Common Stock Sold 600 Shakes of Kloser Common Stock Flow wifes Employee Stock purchase plan
P.O. Box, Bldg., Room No., if any	stak purchase plan
######################################	7.b. Amount,
Street 65 Tegon 5+	
City Denver	23,729.50
State C ZIP Code + 4 20123	er en en f errenne kom en la kom en
Signat	ure
15. Signature and verification. The undersigned declares, under penalty of Pesubmitted in this report (including the information contained in any accompanyin undersigned's knowledge and belief, true, correct, and complete. (See the section.)	erjury and other applicable penalties of the law, that all of the information
Signed Aff RFlish	On 2/26/06 (303) 660 - 4849
orm LM-30 (2003)	Date Telephone Number
2000)	Page 1 of 2

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

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Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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E READ THE INSTRUCTIONS CAREFUL	
1. File Number U - 58 / 7	2. Fiscal Year Covered From:
	main / / / Through: / /
Name and address of person filing.	Name, file number, and address of labor organization.
Name Andrew Communication of the Communication of t	Name of the state of a state of the state of
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street Here. Here has been been been been been been been bee	Street The Allerth Market State of the Control of t
ity and the state of the state	City of the City of the Control of t
tate ZIP Code + 4	State ZIP Code + 4
Position in labor organization.	
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Held an interest in, engaged in transactions (including loans) with, or donelary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	lerived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
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Held an interest in, engaged in transactions (including loans) with, or donetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). ame SACWAY TAC Densel Divisor rade Name, if any: O. Box, Bidg., Room No., if any treet 6900 5. Yo semile 57 ty Centerine Aire! Signature and verification. The undersigned declares, under penalty of Proposition contained in any accounts of the proposition of the information contained in any accounts of the proposition	lerived income or other economic benefit of an represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 335, 14/855 ShAlk 5 of SAFrway Common Stock Thlu wifes Employer Phyllott Stock purchase Plan. 7.b. Amount. 7. 937. 10
Held an interest in, engaged in transactions (including loans) with, or obnetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). ame SALCUBY FIC Densel Divisor. Trade Name, if any: O. Box, Bldg., Room No., if any treet 6900 5. Yo 3cm, fc 5 † All Centering Trade (1) Signature and verification. The undersigned declares, under penalty of P submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the sect	lerived income or other economic benefit of an represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 335, 14/855 Shflkrs of Safrway Common Stock Thlu wifes Employer Phyllott Stock purchase Plan. 7.b. Amount. 7. 937. 10 ture erjury and other applicable penalties of the law, that all of the information in good documents), has been examined by the signatory and is, to the best of the ion on penalties in the instructions.)
Held an interest in, engaged in transactions (including loans) with, or one lary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Itame SAfcway TNC Denocl Divisor. Trade Name, if any: 1.0. Box, Bldg., Room No., if any treet 6900 5. Yo semife 5† ity Centerin-1 ZIP Code + 4 20/12	lerived income or other economic benefit of an represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 335, 14855 ShARTS of SAFTWAY Common Stock This wifes Employer Physical Stock purchase plans 7.b. Amount. 7, 937.10

Name of Person Filing Cl. FFCRD & Flc5heV	File Number U- 5817
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business (vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing.
City State ZIP Code + 4	12.a. Nature of interest held or Income received. 12.b. Amount.
C. Received from any employer (other than an employer covered unde	The stand plant of the standard and standard
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	or other thing of value. 14.a. Nature of payment.
P.O. Box, Bidg., Room No., if any	

14.b. Amount of payment.

13.b. Is the Business an Employer

State ZIP Code + 4

or Consultant

Street

DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2005. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2005, I will file an amended Form LM-30.

Clifford R. Flesher

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2-26-06

Date